



**Social Security Release Form**

I \_\_\_\_\_,

Allow the Northeast Texas Public Health District Medical Reserve Corps to obtain my social security information in order to perform a background check as stated in the volunteer requirements that I agreed to.

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

medical  
reserve  
corps

**Medical License Release Form**

I \_\_\_\_\_,

Allow the Northeast Texas Public Health District Medical Reserve Corps to obtain my medical license information in order to perform a background check as stated in the volunteer requirements that I agreed to.

License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Northeast Texas